UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WISCONSIN

n re_	······································)
	Debtor) Case No)) Chapter
	STATEMENT OF SOCIAL SECUR	RITY NUMBER(S)
1.	Name of Debtor (Last, First, Middle):	
	/ / Debtor has a Social Security Number and it is	
	/ / Debtor does not have a Social Security Number.	
·•	Name of Joint Debtor (Last, First, Middle):	
	/ / Joint Debtor has a Social Security Number and it is _	
	/ / Joint Debtor does not have a Social Security Number.	
3.	Name of Spouse if not a Joint Debtor (Last, First, Middle	e):
	Address	_
	/ / Spouse has a Social Security Number and it is	
	/ / Spouse does not have a Social Security Number.	
	I declare under penalty of perjury that the foregoing is tru	ue and correct.
	X Signature of Debtor Date	
	X Signature of Joint Debtor Date	

Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.

^{*}Check the appropriate boxes above and provide the required information.

^{*}Joint Debtors must provide information for both spouses.

^{*}Debtor must provide information for non-filing spouse.

^{*}If Debtor, Joint Debtor or Non-Filing Spouse has more than one Social Security Number, state all.